

CITY OF GOODYEAR ENGINEERING PLAN REVIEW FEE SCHEDULE

PROJECT NAME: _____

Engineer: _____

Phone #: _____

Address: _____

Fax #: _____

Contact Person: _____

Phone #: _____

eMail: _____

Fax #: _____

Who is contact person: ☐ Architect ☐ Owner ☐ Engineer ☐ Other _____

The Plans Examiner will fill in this area:

Type of Plan/Report	Review #	# of Sheets	Cost per Sheet*	Review Fee
Drainage Report (3)	_____	N/A	\$360.00**	\$ _____
Grading / Drainage (3)	_____	_____	\$210.00	\$ _____
Sewer (3)	_____	_____	\$180.00	\$ _____
Water (4)	_____	_____	\$180.00	\$ _____
Storm Drain (3)	_____	_____	\$180.00	\$ _____
Landscape (3)	_____	_____	\$120.00	\$ _____
Street Lighting (3)	_____	_____	\$120.00	\$ _____
Traffic Signal (3)	_____	_____	\$120.00 /sheet + \$1000.00 base fee	\$ _____
Paving (3)	_____	_____	\$120.00	\$ _____
Signing & Striping (3)	_____	_____	\$120.00	\$ _____
Master _____ (3)	_____	N/A	\$360.00**	\$ _____
Other _____ (4)	_____	_____	\$180.00	\$ _____
TOTAL SHEETS		_____	REVIEW FEE	\$ _____

Re-Approval or Amendment of Plans

\$300.00 base fee + 170 per hour review fee

* Cost includes 1st and 2nd review. Each subsequent review requires additional fees.

** Cost is based on 2 hr. minimum review time. Each hour thereafter is \$180.00/hr. Fees apply for each review.

When plans are submitted for signature approval, enter 'S' under Submittal Number and 'N/A' under Review Fee.

A Construction Permit Fee Schedule is to accompany the signature plan submittal.

PLAN REVIEW FEES ARE DUE AND PAYABLE WHEN THE REVIEW IS COMPLETED AND PRIOR TO CITY COMMENTS BEING RELEASED. THE FEE AMOUNT WILL BE PROVIDED TO THE CONTACT PERSON AS SOON AS IS POSSIBLE.

ALL REDLINE COMMENTS MUST BE RETURNED WITH SUBSEQUENT PLAN REVIEWS (OR FULL FEES WILL APPLY).

----- City use only below this line ----- City use only below this line -----

Rec'd by: _____ Date Rec'd: _____ Date Due: _____ HTE No. _____

Ret'd Redlines? Yes / No Routed to: _____ Comments: _____

Prelim Plat/Site Plan Scanned (1st rvw) Scan # _____ Stipulations Included (1st rvw) _____

O/S Fees Due \$ _____ Requested transmittal materials: _____ Completed Fee Schedule: _____